

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO. 10705-505

FILING DATE

APPLICANT(S)

CLAIMS						
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2	/					
3	/					
4	3					
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50						
TOTAL IND.	/					
TOTAL DEP.	11	11	11	11	11	11
TOTAL CLAIMS	121	121	121	121	121	121